

<div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CIRCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: right;"> 10 153773 <small>(APPLICANT)</small> </div> </div>							<small>SERIAL NO.</small> 153773		<small>FILING DATE</small> 				
CLAIMS													
	AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>			AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	34						TOTAL CLAIMS						

BEST AVAILABLE COPY